DECLARATION AND POWER OF ATTORNEY FOR ORIGINAL U.S. PATENT APPLICATION

Attorney's Docket No. SUN1P768/P9428NP/ACF

As a below-named inventor, I hereby declare that:

(check one)

My residence, post office address and citizenship are as stated below next to my name.

1.
is attached hereto.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: ERROR ANALYSIS AND DIAGNOSIS FOR GENERIC FUNCTION CALLS, the specification of which,

	2. 🗆	U.S. Application No. and was amended on was filed on International PCT Applicat	ion No.	 as
I hereby state that I have amended by any amendm		ed and understand the conte		pecification, including the claims, as
I acknowledge the duty to 37, CFR § 1.56.	o disclose	e information which is mater	rial to the patentability of this	s application in accordance with Title
Prior Foreign Application	on(s)			
for patent or inventor's co	ertificate,			§ 365(b) of any foreign application(s) designated at least one country other
		ow and have identified bel	ow, by checking the box, a	iny foreign application for patent or the application on which priority is Priority Benefits Claimed?
inventor's certificate, or		ow and have identified bel	ow, by checking the box, a	ny foreign application for patent or the application on which priority is
inventor's certificate, or claimed:		ow and have identified bel	ow, by checking the box, a g a filing date before that of	iny foreign application for patent or the application on which priority is Priority Benefits Claimed?
inventor's certificate, or claimed: (Application No.)	PCT Inte	ow and have identified belemational application having (Country)	ow, by checking the box, a g a filing date before that of (Filing Date)	nny foreign application for patent or the application on which priority is Priority Benefits Claimed? Yes No
inventor's certificate, or claimed: (Application No.) (Application No.) Provisional Application(PCT Inte	ow and have identified belemational application having (Country) (Country)	ow, by checking the box, a g a filing date before that of (Filing Date)	rny foreign application for patent or fithe application on which priority is Priority Benefits Claimed? Yes No Yes No
inventor's certificate, or claimed: (Application No.) (Application No.) Provisional Application(PCT Inte	ow and have identified belemational application having (Country) (Country)	ow, by checking the box, a g a filing date before that of (Filing Date) (Filing Date)	rny foreign application for patent or fithe application on which priority is Priority Benefits Claimed? Yes No Yes No

Atty. Dkt. No.: SUN1P768/P9429NP/ACF

Prior U.S. Application(s)

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s), or § 365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

(Application No.)	(Filing Date)	(Status - patented, pending, abandoned)
(Application No.)	(Filing Date)	(Status - patented, pending, abandoned)

Power of Attorney

And I hereby appoint the law firm of Beyer Weaver & Thomas, LLP and all practitioners who are associated with the Customer Number 022434 as my principal attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Direct Correspondence To:

Customer Number: 022434

22434

Direct Telephone Calls To:

Francis T. Kalinski II at telephone number (831) 655-2300

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Typewritten Fu	ull Name of			
Sole or First Inventor: Inventor's signature:		CALVIN H. VU	Citizenship:	USA
		Calvin Un	Date of Signature:	Date of Signature: 04/08/200
Residence:	(City)	San Jose	(State/Country)	CA/US
Post Office Ad	dress:	1643 Valley Crest Drive, San Jose, C	A 95131	<i>2</i>

Atty. Dkt. No.: SUN1P768/P9429NP/ACF

Page 2